

Aquatic Program

Scholarship Application WSI, LGT, LGTI

Full Name:	Phone: ()
Scholarships are made possible by t	the San Diego County Aquatic Council.
of your family/guardian's current ta Information is kept confidential.	pased on family income, as well as the essay responses. Verification ix return and pay stub is required in order to receive a scholarship.
	ons in short essay form. Use additional sheets if necessary.
1. How would you describe the role	e of a Lifeguard/Swim Instructor? How do you fit that role?
2. Why do you think it is important	t to be involved in your community?
3. Why do you think you should re	ceive a scholarship?
4. As a Lifeguard/Swim Instructor,	what contributions will you make to aquatics in San Diego county?

SAN DIEGO COUNTY AQUATICS COUNCIL SCHOLARSHIP FORM

Scholarships are meant for those who are financially unable to afford to participate in a program. All persons submitting a scholarship form are required to submit verification of income and proof of residency as proof of qualification.

☐ Check here if you cannot affect that more individuals can particular Cash ☐ Check Please make	ipate in the programs. \$		(amount of dona	
PLEASE INDICATE COURSE	NAME:			
LOCATION: COL			OURSE START DA	ГЕ:/
TOTAL FEE: \$				
NAME OF APPLICANT:				
ADDRESS:			PHONE: ()
E-MAIL ADDRESS:				
SIZE OF FAMILY (Check one				
1	Annual Income	4	Annual In	
1	\$14,400 \$23,590	4 5	\$39,98 \$47,18	
3	\$32,390	6	\$55,18	0
For larger families, add \$8,000 J (IRS) tax return*, Health and He Award/Benefit Letter or Social S	uman Services -Notice of Action Security Proof of Income Lette	on (dated within 3 r.	30 days), or Social Se	curity -
I hereby certify that my family's County of San Diego.	economic situation fails under	r the category che	ecked, and I reside in	tne
Applicant's Si		DATE:/	_/	
Applicant's Si	gnature			
Proof of Residency: ☐ Valid Ca of the following: ☐ current utilitrent receipt, ☐ property tax states	ty bill, 🖵 current monthly chec	king statement, 🗓	rental/lease agreem	ent and current month
		DATE: /		ent pay stub and IRS
APPROVED		DATE:/	1 ax r	Return verfied on:
* Since IRS tax returns contain			eritying	E:/
1/08				Approved by